Houchins, Karla

From:

Park, Emily [Emily.Park@huschblackwell.com]

Sent:

Thursday, August 20, 2015 3:32 PM

To:

Houchins, Karla

Cc:

Wieberg, Alicia; Vaughn, Tom

Subject:

RE: CON Proposal: #5213 RS: Friendship Village Assisted Living

Attachments:

Exhibit A - Site Plan.pdf; Exhibit B - Schematic Drawings.pdf; Exhibit C - Proposed Project

Budget.pdf; Exhibit D - Letter of Support.pdf

Karla,

This email responds to your requests for additional information emailed on August 7, 2015. Our client has made some changes to its CON application that concern your requests for additional information.

In the initial application, the applicant proposed to build a three-story building, with only the second and third
floors used for the proposed 60-bed ALF. Since that time, the applicant has worked with the builder to modify
these plans.

Instead of building a three-story building, the applicant is now seeking to build a four-story building that will be fully devoted to the ALF. As you will see in the revised Proposed Project Budget (and attachments thereto), the cost of building remains unchanged. Each floor will house 15 ALF units, with the first floor being used for 15 memory care units. The first floor will be 15,804 square feet, and the second-fourth floors will each be 14,994 square feet. Therefore, the total square footage for the building is 60,768. Each room in the facility will house only one ALF bed.

Attached as Exhibit A is a new site plan for the project.

Attached as <u>Exhibit B</u> are new schematic drawings for the project. Included in Exhibit B is a cover letter showing that these schematic drawings were submitted to Tracy Cleeton at DHSS.

- 2. The value of the land was inadvertently left out of the Proposed Project Budget submitted with the application. Attached as Exhibit C is a revised Proposed Project Budget, including the value of the land. Included with Exhibit C is a revised Detail Sheet for the Proposed Project Budget, the construction cost estimate from the contractor, and the documents to support the value of the land.
- 3. The additional application fee is being mailed.

In addition to the above, we are also submitting an additional letter of support received from State Representative Bill Otto. It is attached hereto as Exhibit D.

Please let me know if you have any additional questions.

Thank you,

Emily M. Park

Attorney

Direct: 573.761.1120

Emily.Park@huschblackwell.com

From: Houchins, Karla [mailto:Karla.Houchins@health.mo.gov]

Sent: Thursday, August 13, 2015 4:45 PM

To: Park, Emily

Cc: Wieberg, Alicia; Vaughn, Tom

Subject: RE: CON Proposal: #5213 RS: Friendship Village Assisted Living

1

Emily, if you can get this to me by early afternoon next Thursday the 20th, that should work. If you acquire the information sooner, please submit it sooner. The application fee can be submitted the following week if needed.

Karla Houchins

Program Coordinator, Certificate of Need Department of Health and Senior Services 3418 Knipp Drive, P.O. Box 570 Jefferson City, MO 65102 573-751-6700

FAX: 573-751-7894

EMAIL: karla.houchins@health.mo.gov

http://health.mo.gov/information/boards/certificateofneed/index.php

This email is from the Missouri Department of Health and Senior Services. It contains confidential or privileged information that may be protected from disclosure by law. Unauthorized disclosure, review, copying, distribution, or use of this message or its contents by anyone other than the intended recipient is prohibited. If you are not the intended recipient, please immediately destroy this message and notify the sender at the following email address: karla.houchins@health.mo.gov or by calling (573)751-6700.

From: Park, Emily [mailto:Emily.Park@huschblackwell.com]

Sent: Thursday, August 13, 2015 2:44 PM

To: Houchins, Karla

Cc: Wieberg, Alicia; Vaughn, Tom

Subject: RE: CON Proposal: #5213 RS: Friendship Village Assisted Living

Karla,

This email concerns your request for additional information emailed on August 7, 2015. We are respectfully requesting an extension to the deadline for responding. We are working with our client to gather the necessary information and we anticipate needing an additional week.

Thank you,

Emily M. Park Attorney

Direct: 573.761.1120

Emily.Park@huschblackwell.com

From: Houchins, Karla [mailto:Karla.Houchins@health.mo.gov]

Sent: Friday, August 07, 2015 10:59 AM

To: Vaughn, Tom **Cc:** Wieberg, Alicia

Subject: CON Proposal: #5213 RS: Friendship Village Assisted Living

Hi, Tom.

We are reviewing the CON application to establish Friendship Village Assisted Living. Additional information is needed.

- 1. Costs for the entire facility should be included in the project cost, including the first floor. Submit a revised budget, budget detail and new construction cost documentation.
- 2. The cost (current appraised value) of the land to be used for the facility should be included in the project cost. Provide documentation of the value.
- 3. Submit an additional application fee.
- 4. The population, numbers of beds and bed need calculation will be checked at a later date. If there is a question or discrepancy, you will be notified.



Certificate of Need Program

PROPOSED PROJECT BUDGET

<u>scription</u>	<u>Dollars</u>
STS:* (Fill in every	line, even if the amount is
1. New Construction Costs ***	\$11,844,830
2. Renovation Costs ***	\$0
3. Subtotal Construction Costs (#1 plus #2)	\$11,844,830
4. Architectural/Engineering Fees	\$700,000
5. Other Equipment (not in construction contract)	\$100,000
6. Major Medical Equipment	\$0
7. Land Acquisition Costs ***	\$1,405,000
8. Consultants' Fees/Legal Fees ***	\$75,000
9. Interest During Construction (net of interest earned) ***	\$885,449
10. Other Costs ***	\$500,000
11. Subtotal Non-Construction Costs (sum of #4 through #10	\$3,665,449
12. Total Project Development Costs (#3 plus #11)	\$15,510,279 _{***}
IANCING:	
13. Unrestricted Funds	\$1,000,000
	\$42.40E.270
14. Bonds	\$13,105,279
14. Bonds 15. Loans	
14. Bonds15. Loans16. Other Methods (specify)	\$13,105,279 \$0 \$1,405,000
15. Loans	\$0 \$1,405,000
15. Loans16. Other Methods (specify)	\$1,405,000 \$1,510,279 ***
15. Loans16. Other Methods (specify)17. Total Project Financing (sum of #13 through #16)	\$0
 15. Loans 16. Other Methods (specify) 17. Total Project Financing (sum of #13 through #16) 18. New Construction Total Square Footage 	\$1,405,000 \$1,405,000 \$15,510,279 ***

^{*} Attach additional page(s) detailing how each line item was determined, including all methods and assumptions used. Provide documentation of all major costs.

^{**} These amounts should be the same.

^{***} Capitalizable items to be recognized as capital expenditures after project completion.

^{****} Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, fair market value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.

^{*****} Divide new construction costs by total new construction square footage.

^{******} Divide renovation costs by total renovation square footage.

Detail Sheet Attachment to MO 580-1863

- 1. New construction costs were derived from an estimate from the project contractor Paric Construction (see attached).
- 4. Architectural costs are from vendor estimates.
- 5. The cost for other equipment is based upon vendor estimates for kitchen equipment.
- 6. There will be no major medical equipment.
- 7. The land acquisition cost is the contract purchase price for the three parcels of land that would be used for the proposed ALF.
- 8. Consultant fees are from vendor estimates for geotechnology testing and site borings and legal fees.
- 9. Estimated interest expense is based upon capitalized interest.
- 10. Other costs include furniture and fixtures for resident living spaces and common areas, and non-major medical equipment.
- 16. Because the land and building are fully owned by Applicant, the value of the land and building associated with the project has been included on Line 16 as "Other Methods" of financing.



Jill Frein Friendship Village 12503 Village Circle Drive St. Louis, MO 63127

Re: Friendship Village Chesterfield – Assisted Living and Memory Care

60 Unit AL/MC Facility Construction

Ms. Frein,

We are pleased to provide you with the budget for construction of the new assisted living and memory care facility for your Chesterfield, MO campus. We understand the licensed assisted living and memory care portions of the project to be a four story 60,786 SF building constructed as wood frame.

Our estimated cost of construction is as follows:

Site Development

Site construction including demolition, mass grading, retaining walls, site water service, site sanitary sewer, storm sewer, site electric and lighting, concrete, landscaping, and asphalt paving.

Site Development Costs:

\$1,723,449

Building Construction

Costs for the construction of a four story wood frame building totaling 60,786 SF of AL/MC space for a total of 60 AL/MC units and support spaces. This cost would include concrete foundations, slab/topping slab, wood framing, trim carpentry, cabinets/casework and tops, insulation, masonry, siding, roofing, flashing, doors/frames/hardware, windows, storefront, drywall, ceilings, flooring, painting, specialties, elevator, fire sprinklers, HVAC system, Plumbing, and electrical.

Building Costs:

\$10,121,381

We look forward to working with Friendship Village to develop yet another successful project on your campus. If you have any further questions, please call me at any time.

Sincerely,

Todd Goodrich, Vice President

			Ŷ OMB No. 2502-0265
0.0000 Table 10.000	FINAL		B. TYPE OF LOAN
A. SETTLEMENT STATEMENT (HUD-1)			I. FHA 2. FHMA 3. CONV. UNINS.
			4. VA 5. CONV. INS.
1 × 200			6. FILE NUMBER: 7. LOAN NUMBER 05010544
CA SERVICE OF SECOND			8. MORTGAGE INS. CASE NO.:
C. NOTE: This form is furnished to gi	ive you a statement of act	ual settlement costs. An	nounts paid to and by the settlement agent are shown. Items ormational purposes and are not included in the totals.
	riendship Village of V		officiational purposes and are not included in the totals.
OF BORROWER: 1	5201 Olive Blvd, Che	sterfield, MO 63005	
OF SELLER: 1	David L. Prange and Li 5255 Olive Blvd., Che	zbeth A. Prange sterfield, MO 63017	
F. NAME & ADDRESS CONTROL OF LENDER:	CASH		
	5255 Olive Boulevard	, Chesterfield, MO 63	017
H. SETTLEMENT AGENT: C	Continental Title of Mis	ssouri, LLC	
PLACE OF SETTLEMENT: 1 I. SETTLEMENT DATE: 9.		Chesterfield, MO 630	
	/05/2014 rower's Transaction		DISBURSEMENT DATE: 9/05/2014
100. Gross Amount Due From Bo			K. Summary of Seller's Transaction
101. Contract sales price	orrower:		400. Gross Amount Due To Seller:
102. Personal property		435,000.00	
103. Settlement charges to borrower: (I	line 1400)	1,012.00	402. Personal property 403.
104.		1,012.00	404.
105.			405.
Adjustments For Items Pai	d By Sallon I. Advan		·
106. City/town taxes	to	ce;	Adjustments For Items Paid By Seller In Advance: 406. City/town taxes to
107. County taxes	to		406. City/town taxes to 407. County taxes to
108. Assessments	to		408. Assessments to
109.			409.
110.			410.
112.			411.
113.			412. 413.
114.			414.
115.			415.
116.			416.
120. Gross Amount Due From Bo		436,012.00	420. Gross Amount Due To Seller:
200. Amounts Paid By Or In Beh	alf Of Borrower:		500. Reductions In Amount Due To Seller:
201. Deposit or earnest money		10,000.00	
202. Principal amount of new loan(s) 203. Existing loan(s) taken subject to			502. Settlement charges to seller (line 1400)
204. Existing loan(s) taken subject to			503. Existing loan(s) taken subject to
205.		+	504. Payoff 1st Mtg. Ln. 505. Payoff 2nd Mtg. Ln.
206.			506.
207.			507.
208.			508.
209.			509.
Adjustments For Items Unp 210. City/town taxes	paid By Seller:		Adjustments For Items Unpaid By Seller:
211. County taxes 01/01/14	to 09/05/14	128.03	510. City/town taxes to 511. County taxes to
212. Assessments	to	120.03	512. Assessments to
213.			513.
214.			514.
1 /11			• • • • • • • • • • • • • • • • • • • •

L. SETTLEMENT CHARGES	Escrow: 05010544	
700. Total Sales/Broker's Commission: Based On Price \$	Paid From	Paid From
Division of Commission (line 700) As Follows:	Borrower's Funds	Seller's
701.\$ to	At	Funds At
702. \$ to	Settlement	Settlement
703. Commission paid at settlement		
704.		
800. Items Payable In Connection With Loan:		·
801. Loan Origination fee %		
802. Loan Discount %		
803. Appraisal fee to:		
804. Credit report to:		
805. Lender's inspection fee		
806. Mortgage insurance application fee to 807. Assumption fee		
808.		
809.		
810.		
811.		
812.		
813. 814.		
815.		
816.		
817.		
818.		
819.		
820. 821.		
900. Items Required By Lender To Be Paid In Advance: 901. Interest from to @\$ /day		
901. Interest from to @\$ /day 902. Mortgage insurance premium for mo. to	(0 days)	··-
903. Hazard insurance premium for vrs. to		
904. Flood insurance premium for yrs. to		
905.		
906.		
1000. Reserves Denosited With Lender: 1001. Hazard insurance 0 months @ \$ 0.00 per month		
1002 14		
1002 City		
1003. City property taxes 0 months @ \$ 0.00 per month 1004. County property taxes 0 months @ \$ 0.00 per month		
1005. Annual assessments 0 months @\$ 0.00 per month		
1006. Flood insurance 0 months @\$ 0.00 per month		
1007. 0 months @ \$ 0.00 per month		
1008, Aggregate Adjustment		
1009.		
1100. Title Charges		
1101. Settlement or closing fee to Continental Title of Missouri, LLC 1102. Abstract or title search to	100.00	
1103. Title examination to		·
1104. Title insurance binder to		
1105. Document preparation to		
1106. Notary fees to		
1107. Attorney's fees to		1 70
(includes above item Numbers:)	
1108. Title insurance to Continental Title of Missouri, LLC		
(includes above item Numbers:) 200 00	
1109. Lender's coverage \$) 398.00	
1110. Owner's coverage \$ 435.000.00 Premium: \$398.00		
1111. Title Service Work Charge to Continental Title of Missouri, LLC	450.00	
1112. Recording Service/Handling Fee to Continental Title of Missouri, LLC	30.00	
1112. Recording Service/Handling Fee to Continental Title of Missouri. LLC 1113. E-Filing Fee to Continental Title Co-Recording 114.	30.00 4.00	

Escrow:

05010544

I have carefully reviewed the HUD-1 Settlement Statement and to the best of my knowledge and belief, it is a true and accurate statement of all receipts and disbursements made on my account or by me in this transaction. I further certify that I have received a copy of the HUD-1 Settlement Statement.

Borrowers/Purchasers

Sellers

Friendship Village of West County

D. Jerry Leigh, Assistant Secretary

The HUD-1 Settlement Statement which I have prepared is a true and accurate account of this transaction. I have caused or will cause the funds to be disbursed in accordance with this statement.

Settlement Agent:

Melissa L. Roy, Continental Title of Missouri, LLC

Date:

WARNING: It is a crime to knowingly make false statements to the United States on this or any other similar form. Penalties upon conviction can include a fine or imprisonment. For details see: Title 18 U.S. Code Section 1001 and Section 1010.

			OMB No. 2502-0265
FINAL		B. TYPE OF LO	AN
A. SETTLEMENT STATEMENT ((HUD-1)		. CONV. UNINS.
35° (1a) 30,		4. VA 5. CONV. INS.	
= * 199 * 5		6. FILE NUMBER: 7. LOAN NU 05010539	MBER
Charles of the		8. MORTGAGE INS. CASE NO.:	
C. NOTE: This form is furnished to give you a statement of act	tual settlement costs. An	nounts paid to and by the settlement agent are shown. Items	
		rmational purposes and are not included in the totals.	
OF BORROWER: 15201 Olilve Blvd., Ch	Vest County esterfield, MO 63005		
E. NAME & ADDRESS WCSS Properties, INC OF SELLER: 15239 Olive Blvd., Che			
F. NAME & ADDRESS CASH OF LENDER:			
G. PROPERTY LOCATION: 15239 Olive Boulevard	, Chesterfield, MO 63	017	
H. SETTLEMENT AGENT: Continental Title of Mis-	ssouri IIC		
PLACE OF SETTLEMENT: 14169 Clayton Road, C	Chesterfield, MO 630	17	
I. SETTLEMENT DATE: 9/05/2014 J. Summary of Rorrower's Transaction		The state of the s	9/05/2014
J. Summary of Borrower's Transaction 100. Gross Amount Due From Borrower:		K. Summary of Seller's Transact	ion
101. Contract sales price	I	400. Gross Amount Due To Seller:	
102. Personal property	500,000.00		
103. Settlement charges to borrower: (line 1400)	1,149.00	402. Personal property 403.	
104.	1,149.00	403.	
105.		405.	
Adjustments For Items Paid By Seller In Advan	Ce.	Adjustments For Itams Doi: D. C.H., I. A.	<u>, </u>
106. City/town taxes to	cc.	Adjustments For Items Paid By Seller In A 406. City/town taxes to	dvance:
107. County taxes to		407. County taxes to	
108. Assessments to		408. Assessments to	
109.		409.	
111.		410.	
112.		411.	
113.		413.	
114.		414.	
115. 116.		415.	
		416.	
120. Gross Amount Due From Borrower:	501,149.00	420. Gross Amount Due To Seller:	
200. Amounts Paid By Or In Behalf Of Borrower: 201. Deposit or earnest money		500. Reductions In Amount Due To Seller:	
202. Principal amount of new loan(s)	10,000.00	501. Excess deposit (see instructions)	
203. Existing loan(s) taken subject to		502. Settlement charges to seller (line 1400) 503. Existing loan(s) taken subject to	
204.		504. Payoff 1st Mtg. Ln.	
205.		505. Payoff 2nd Mtg. Ln.	
206.		506.	
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Adi			
Adjustments For Items Unpaid By Seller: 210. City/town taxes		Adjustments For Items Unpaid By Seller:	
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212. Assessments to	3,110.29	511. County taxes to 512. Assessments to	
213.		513.	
214.		514.	
215.		515	T

L,	SETTLE	MENT CHAI	CFS	Fectow	05010539	
700. Total Sales/Broker's Commission		MENT CIA	KGES	LSCIOW.	Paid From	Paid From
Based On Price \$	•••	@ %	% =		Borrower's	Seller's
Division of Commission (line 700) A	s Follows:	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Funds	Funds
701.\$ to					At	At
702. \$ to					Settlement	Settlement
703. Commission paid at settlement						
704.						
800. Items Payable In Connection	With Lagn:	•				
801. Loan Origination fee	%					
802. Loan Discount	%					
803. Appraisal fee to:						
804, Credit report to:						
805. Lender's inspection fee						
806. Mortgage insurance application 807. Assumption fee	fee to					
808.						
809.						
810.		· · · · · · · · · · · · · · · · · · ·				
811.						
812.						
813.	·					
814.						
815.						
816. 817.						
818.						
819.						
820.			·			
821.						
900. Items Required By Lender To	Be Paid In Advance:					
	o @	\$	/day	(0 days)		
902. Mortgage insurance premium for 903. Hazard insurance premium for		·				
904. Flood insurance premium for	yrs, to					
905.	yrs. to					
906.						
1000. Reserves Deposited With Ler	ıder:			<u> </u>		
1001. Hazard insurance	0 months @ \$	0.00 per month				
1002. Mortgage insurance	0 months @\$	0.00 per month				
1003, City property taxes	0 months @ \$	0.00 per month				
1004. County property taxes	0 months @ \$	0.00 per month				
1005. Annual assessments	0 months @ \$	0.00 per month				
1006. Flood insurance	0 months @ \$	0.00 per month				
1007. 1008. Aggregate Adjustment	0 months @ \$	0.00 per month				
1009. Aggregate Adjustment						
1100. Title Charges				t		
1101. Settlement or closing fee to Co	ontinental Title of Misson	ri. LLC		1	100.00	
1102. Abstract or title search to	- 157 47 11710304				100.00	
1103. Title examination to						
1104. Title insurance binder to						
1105. Document preparation to		·····				-
1106. Notary fees to						
1107. Attorney's fees to						
)		
(includes above item)				L	1	
1108. Title insurance to Continental	Title of Missouri, LLC			1		
	Title of Missouri, LLC)	450.00	,
1108. Title insurance to Continental (includes above item N 1109. Lender's coverage \$	Title of Missouri, LLC Numbers:)	450.00	
1108. Title insurance to Continental (includes above item N 1109. Lender's coverage \$ 1110. Owner's coverage \$ 500,000.	Title of Missouri, LLC Numbers: 00 Premium: \$450.00)	450.00	
1108. Title insurance to Continental (includes above item N 1109. Lender's coverage \$ 1110. Owner's coverage \$ 500,000, 1111. Title Service Work Charge to 0	Title of Missouri, LLC Numbers: 00 Premium: \$450.00 Continental Title of Misso	ouri, LLC)	535.00	
1108. Title insurance to Continental (includes above item N 1109. Lender's coverage \$ 1110. Owner's coverage \$ 500,000, 1111. Title Service Work Charge to 6 1112. Recording Service/Handling F	Title of Missouri, LLC Numbers: 00 Premium: \$450.00 Continental Title of Missourie to Continental Title of	puri, LLC 'Missouri, LLC)	535.00 30.00	
1108. Title insurance to Continental (includes above item N 1109. Lender's coverage \$ 1110. Owner's coverage \$ 500,000, 1111. Title Service Work Charge to 6 1112. Recording Service/Handling F 1113. E-Filing Fee to Continental Ti	Title of Missouri, LLC Numbers: 00 Premium: \$450.00 Continental Title of Missourie to Continental Title of	ouri, LLC 'Missouri, LLC)	535.00	
1108. Title insurance to Continental (includes above item N 1109. Lender's coverage \$ 1110. Owner's coverage \$ 500,000, 1111. Title Service Work Charge to 6 1112. Recording Service/Handling F	Title of Missouri, LLC Numbers: 00 Premium: \$450.00 Continental Title of Misso ee to Continental Title of tle Co-Recording	ouri, LLC Missouri, LLC)	535.00 30.00	

Page 9 of 12

			•	
	SELLER'S AND/OR BORROWER'S STATEMENT	Escrow:	05010539	
I have carefully reviewed the HUD-1 Settlen disbursements made on my account or by me	nent Statement and to the best of my knowledge and belief, it is a true an e in this transaction. I further certify that I have received a copy of the HI	d accurate state UD-1 Settlemen	ement of all rece nt Statement.	ipts and
Borrowers/Purchasers	Sellers			
Friendship Village of West County				
By: D. Jerry Leigh, Assistant Secretary				

Melissa L. Roy, Continental Title of Missouri/LLC WARNING: It is a crime to knowingly make false statements to the United States on this or any other similar form. Penalties upon conviction can include a fine or imprisonment. For details see: Title 18 U.S. Code Section 1001 and Section 1010.

Date:

The HUD-1 Settlement Statement which I have prepared is a true and accurate account of this transaction. I have caused or will cause the funds to be

disbursed in accordance with this statement.

Settlement Agent:

CONTRACT	***************************************		令 OMB No. 2502-0265
FINAL A SETTLEMENT STATEMENT (HUD-U	B. TYPE OF 1. FHA 2. FHMA	3. CONV. UNINS.
where the		4. VA 5. CONV. IN	
		6. FILE NUMBER: 7. LOAN	N NUMBER
05010540 8. MORTGAGE INS. CASE NO.:			
C. NOTE: This form is furnished to give you a statement of act	tual settlement costs. Ar		Items
marked "(p.o.c.)" were paid outside the closing: the	y are shown here for info	ormational purposes and are not included in the totals.	
D. NAME & ADDRESS Friendship Village of V OF BORROWER: 15201 Olive Blvd., Che			
OF BORROWER: 15201 Olive Blvd., Che E. NAME & ADDRESS Gloria G. Eggers	Sterneid, MO 63005		
OF SELLER: 13927 Raintree Dr., Ol	athe, KS 66062		
F. NAME & ADDRESS CASH			
OF LENDER: G. PROPERTY LOCATION: 15249 Olive Boulevard	Characted MO 67	017	
H. SETTLEMENT AGENT: Continental Title of Mi		017	
PLACE OF SETTLEMENT: 14169 Clayton Road. (Chesterfield, MO 630	17	
I. SETTLEMENT DATE: 9/05/2014 J. Summary of Barrower's Transaction		DISBURSEMENT DATE:	······································
J. Summary of Borrower's Transaction 100. Gross Amount Due From Borrower:	 	K. Summary of Seller's Tran	saction
101. Contract sales price	T	400. Gross Amount Due To Seller: 401. Contract sales price	470,000,00
102. Personal property		402. Personal property	470,000.00
103. Settlement charges to borrower, (line 1400)		403.	
104.		404.	
105.	 	405.	
137	l		
Adjustments For Items Paid By Seller In Advan 106. City/town taxes to	ce:	Adjustments For Items Paid By Seller 406. City/town taxes to	In Advance:
107. County taxes to		406. City/town taxes to	
108, Assessments to		408. Assessments to	
109.		409.	
111.		410.	
112.		412.	
113.		413.	
114.		414.	
115. 116.		415.	
120. Gross Amount Due From Borrower:		420. Gross Amount Due To Seller:	470.000.00
200. Amounts Paid By Or In Behalf Of Borrower:		500. Reductions In Amount Due To Seller:	470,000.00
201. Deposit or earnest money		501. Excess deposit (see instructions)	
202. Principal amount of new loan(s)		502. Settlement charges to seller (line 1400)	254.00
203. Existing loan(s) taken subject to 204.		503. Existing loan(s) taken subject to	
205.		504. Payoff 1st Mtg. Ln. 505. Payoff 2nd Mtg. Ln.	
206.		506.	
207.		507.	
208.		508.	
		509.	
Adjustments For Items Unpaid By Seller:		Adjustments Es to 11 12 P. C. V	
210. City/town taxes to		Adjustments For Items Unpaid By Sell 510. City/town taxes to	er:
211. County taxes to		511. County taxes 01/01/14 to 09/05/14	4 1.404.90
212. Assessments to		512. Assessments to	
213.		513.	
215.	www	514. 515.	
216.		516.	
217.		517.	
218.		518.	
		519.	
220. Total Paid By/For		520. Total Reductions	1,658.90
Borrower: 300, Cash At Settlement From/To Borrower:	<u> </u>	In Amount Due Seller: 600, Cash At Settlement From/To Seller:	
301. Gross amount due from borrower (line 120)		601. Gross amount due to seller (line 420)	470,000.00
302. Less amount paid by/for borrower (line 220)		602. Less reductions in amount due seller (line 520)	1.658.90
303. Cash (FROM) (TO) Borrower:	0.00	603. Cash (XTO) (FROM) Seller:	468.341.10
		1	

Previous Edition Is Obsolute Form No. 15\$1 3/86 SB-4-3538-000-1 HUD-1 (3-86) RESPA, HB 4305.2

L. 700. Total Sales/Broker's Commiss Based On Price S		MENT CHARGES @ %=	Escrow: 05010540 Paid From Borrower's Funds	Paid From Seller's Funds
Division of Commission (line 700)	As Follows:		At	At
701 S 10			Settlement	Settlement
702. S to				
703. Commission paid at settlement	<u>. </u>			
704.				
800. Items Payable In Connection				T
801. Loan Origination fcc				
802. Loan Discount 803. Appraisal fee to:				
804. Credit report to:				
805. Lender's inspection fce				
806. Mortgage insurance application	m fee to			
807, Assumption fee				
808.				
809.				
810.				
8[1.				
812. 813.				
814.				
815.				_
816.				
817.				
818.				
819.				
820. 821.				
900. Items Required By Lender	To Re Paid In Advances			
901. Interest from		rS /day	(0 days)	
902, Mortgage insurance premium				
903. Hazard insurance premium fo				
904. Flood insurance premium for				
905.				
906.				
1000, Reserves Deposited With				
1001. Hazard insurance		0.00 per month		
1002. Mortgage insurance		0.00 per month		
1003. City property taxes	0 months @ \$	0.00 per month		
1004. County property taxes	0 months@\$	0.00 per month		
1005. Annual assessments	0 months @ \$	0.00 per month 0.00 per month		
1006. Flood insurance 1007.	0 months @ \$ 0 months @ \$	0.00 per month		
1007. 1008. Aggregate Adjustment	O INSHITIS (O. 3	u.vo per month		
1008. Aggregate Adjustment				
1100. Title Charges				
1101. Settlement or closing fee to	Continental Title of Misso	uri, LLC		165.0
1102. Abstract or title search to				
1103. Title examination to				
1104. Title insurance binder to				
1105. Document preparation to				
1106. Notary fees to				
1107. Attorney's fees to				
(includes above iter	n Numbers:)	
1108. Title insurance to				
(includes above iter	n Numbers:)	
1109. Lender's coverage \$				
1110. Owner's coverage \$				
1111. Recording of Aff as Death		souri, LLC		30.
1112. E-Filing Fee to Continental				<u>8.</u> 51.
1113. Recording of POA to Cont	nental Title Co-Recording			
1114.	ad Transfer Character			
1200. Government Recording a 1201. Recording fees: Deed S		\$ 0.00 :Releases \$	0.00	
1202, City/county tax/stamps: De			00	
1203. State tax/Stamps: De			.00	
1204.				
1205.				
1300. Additional Settlement Ch	arges:			
1301. Survey to				
1302. Pest inspection to				
1303.				
1303. 1304.				
1303. 1304. 1305.		.,		
1303. 1304. 1305. 1306.				
1303. 1304. 1305.				

Borrowers/Purchasers

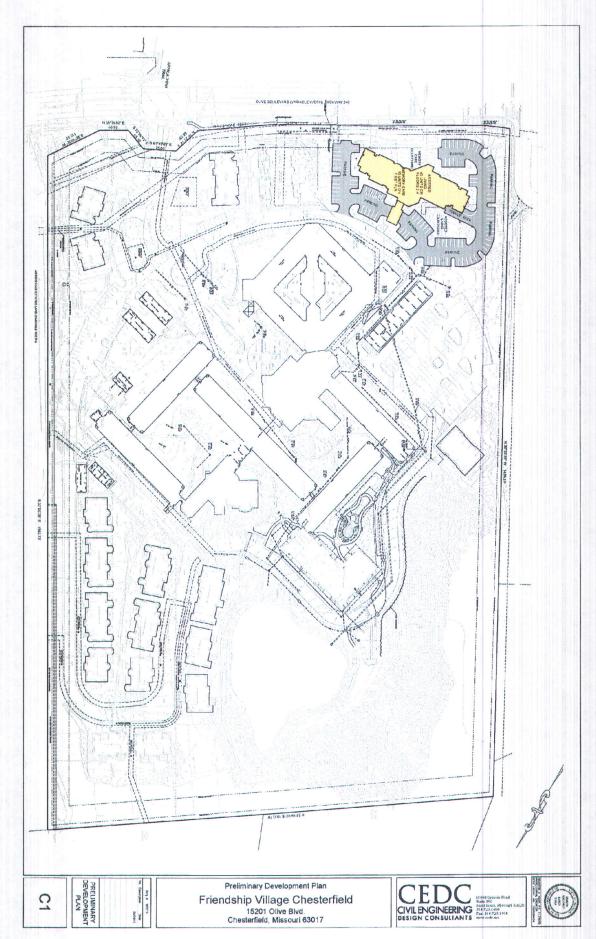
Seliers

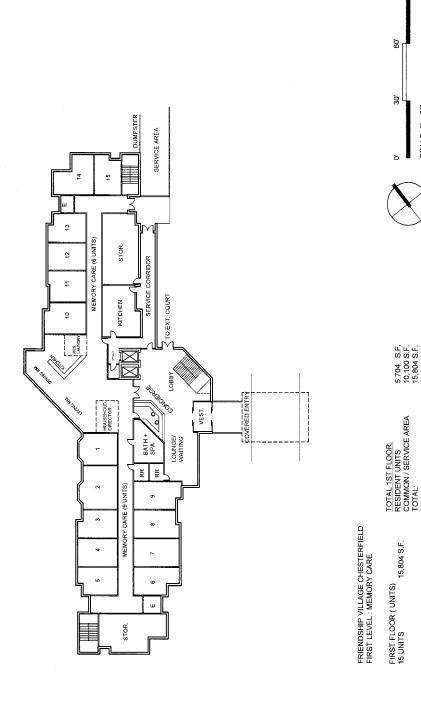
Gioria G. Eggers

By: <u>Alanha & Jurner</u> Power of Attorney

attorney for House & Eggero

The HUD-1 Settlement Statement which 11	have prepared is a true and accurate a	account of this transaction. I have caused or will cause the funds to be			
disbursed in accordance with this statement	1 10110	-1-1-1			
	IMITIX	916114			
Settlement Agent:	114 (0 1)	Date:			
	ental Title of Missourd, LLC	•			
WARNING: It is a crime to knowingly make false statements to the United States on this or any other similar form. Penalties upon conviction can include					
fine or imprisonment. For details see: Title	2 18 U.S. Code Section 1001 and Sec	ction 1010.			





FRIENDSHIP VILLAGE ALMC BUILDING

CON 2714352.00 08.18.2015

8

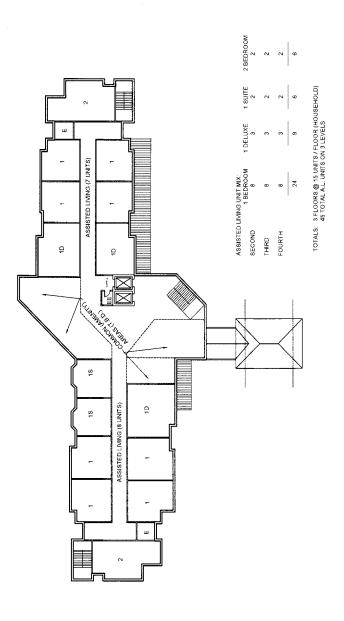
90

30,

SCALE: 1" = 30'

5,704 S.F. 10,100 S.F. 15,804 S.F.

FIRST FLOOR PLAN



FRIENDSHIP VILLAGE CHESTERFIELD LEVELS TWO - FOUR : ASSISTED LIVING

SECOND - FOURTH FLOOR (UNITS) 15 UNITS 14,994 S.F.

TOTAL 2ND FLOOR (THIRD AND FOURTH SIMILAR):
8.283 S.F.
COMMON / SERVICE AREA
14.994 S.F.
14.994 S.F.

90 30 SCALE: 1" = 30'

8

FRIENDSHIP VILLAGE ALMC BUILDING

SECOND - FOURTH FLOOR PLAN scale: 1"= 30"-0"

Nine Sunnen Drive

St. Louis, Missouri 63143

p 314.646.0400

f 314.646.0100

GRAY DESIGN GROUP

2015

20 August

Mr. Tracy Cleeton

Missouri Department of Health and Senior Services

3418 Knipp Drive

Jefferson City, MO 65102

Regarding

Friendship Village

Dear Mr. Cleeton:

I have attached preliminary plans for a proposed assisted living/memory care project to be built at the Chesterfield camp of Friendship Village.

Please take the time to review and comment with regard to compliance with building requirements.

Sincerely,

Senior Project Manager

Kent Wagster

KW/Id



CAPITOL OFFICE

State Capitol, Room 103-B 201 West Capitol Avenue Jefferson City, MO 65101-6806 Office Phone: (573) 751-4163 Cell Phone: (314) 397-6037 E-mail: bill.otto@house.mo.gov



Banking
Banking
Property, Casualty, and Life
Insurance
Veterans
Consumer Affairs
Select Committee on Insurance
Chairman: Labor Caucus

MISSOURI HOUSE OF REPRESENTATIVES Bill Otto

State Representative District 70

August 18, 2015

Karla Houchins Program Coordinator, MHFRC 3418 Knipp Drive P.O. Box 570 Jefferson City, MO 65102

Dear Ms. Houchins:

I am writing in regard to the CON application of Friendship Village, a not-for-profit organization in the Chesterfield area that cares for our senior citizens.

Friendship Village has a 40-year tradition of caring for our community's seniors and they have remained on the leading edge of senior care because of their forward-thinking philosophy. Now Friendship Village wants to continue being a leader in senior care by expanding their assisted living units. I believe their expansion plans will greatly benefit our seniors.

Friendship Village plans to expand their facilities by providing a 60-bed stand-alone assisted living facility with 15 memory care units, which will provide a more home-like setting for our seniors.

Reviews and Medicare both rate Friendship Village highly and their commitment to care is well known in our community. I strongly urge the rapid approval of Friendship Village's Certificate of Need application and expansion plans which will greatly improve senior care in our area.

Sincerely,

Bill Otto

State Representative

District 70

Houchins, Karla

From:

Park, Emily [Emily.Park@huschblackwell.com]

Sent:

Friday, August 21, 2015 9:09 AM

To:

Houchins, Karla

Subject:

RE: CON Proposal: #5213 RS: Friendship Village Assisted Living

Karla,

The cost per square foot is slightly higher than the three-fourth percentile for the St. Louis area because there will be considerable site development costs and a very large retaining wall. The applicant is seeking a letter from its developer to explain this.

Thank you,

Emily M. Park Attorney

Direct: 573.761.1120

Emily.Park@huschblackwell.com

From: Houchins, Karla [mailto:Karla.Houchins@health.mo.gov]

Sent: Thursday, August 20, 2015 4:51 PM

To: Park, Emily; Vaughn, Tom

Subject: RE: CON Proposal: #5213 RS: Friendship Village Assisted Living

Importance: High

Emily and Tom;

Thank you for this information. We only have one follow-up question. Based on the revised budget, the new construction costs per square foot is estimated to be \$195. The three-fourths percentile for an ALF in the St. Louis area is \$184.86 per square foot according to RS Means Construction Costs. Provide justification of the higher costs.

Can you respond by tomorrow morning?

Karla Houchins

Program Coordinator, Certificate of Need Department of Health and Senior Services 3418 Knipp Drive, P.O. Box 570 Jefferson City, MO 65102 573-751-6700

FAX: 573-751-7894

EMAIL: karla.houchins@health.mo.gov

http://health.mo.gov/information/boards/certificateofneed/index.php

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From: Park, Emily [mailto:Emily.Park@huschblackwell.com]

Sent: Thursday, August 20, 2015 3:32 PM

To: Houchins, Karla

Cc: Wieberg, Alicia; Vaughn, Tom

Subject: RE: CON Proposal: #5213 RS: Friendship Village Assisted Living

Karla,